|    | FORM D   | 2110-11262-41  |
|----|--|--|
|    | UNITED STATES  | OMB APPROVAL   |
|    | SECURITIES AND EXCHANGE COMMISSION   | OMB Number: 3235-0076  |
|    | Washington, D.C. 20549   | Expires: March 31, 1991  |
|    | RECEIVED   | Estimated average burden hours per response 16.00  |
| 4  | FORM D 0CT 0 5 2000  | ) <b>&gt;&gt;</b>  |
| •  | THE PROPERTY OF SAME O | <i>[</i> ]   |
| مہ | NOTICE OF SALE OF SECURITIES 456   | SEC USE ONLY   |
|    | 00 10 4277 PURSUANT TO REGULATION D  | Prefix Serial  |
|    | SECTION 4(6), AND/OR   |  |
|    | UNIFORM LIMITED OFFERING EXEMPTIÖN   | DATE RECEIVED  |
|    |  |  |
|    | Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Netilla Networks, Inc.   | Filing Under (Check  |
|    | box(es) that apply):  □Rule 504 □Rule 505 □Rule 506 □Section 4(6) □ULOE  Type of Filing: □Amendment  |  |
|    | A. BASIC IDENTIFICATION DATA   |  |
|    | 1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Netilla Networks Inc.   |  |
|    | Address of Executive Offices (Number and Street, City, State and Zip Code) 347 Elizabeth Avenue, Somerset, NJ 08873  Telephone N 8858  | Number (including Area Code)732-764-   |
|    | different from Executive Offices) Same   | Number (including Area Code)Same   |
|    | Brief Description of Business Web service company that designs, builds and supports web and vertical office no businesses  | etworks for small and medium sized   |
|    | Type of Business Organization  ☑ corporation ☐ limited partnership, already formed ☐ other (please spec  | PROCESSED BY   |
|    | □ business trust □ limited partnership, to be formed   | 1 NOCEOUT DA   |
|    | Month Year   | Estimate OCT 2 0 2000  |
|    | *Actual or Estimated Date of Incorporation or Organization:1_02000  E Actual *Company was previously incorporated in New Jersey in 1999, but recently merged into a Delaware corporation.  |  |
|    |  | DE PRIMARK   |
|    | CN for Canada; FN for other foreign jurisdiction)  | CORPORATION  |
|    | GENERAL INSTRUCTIONS   |  |
|    | Federal: Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D. or  | Section 4(6), 17 CFR 230.501 et seq. or 15   |
|    | U.S.C. 77d(6).   |  |
|    | When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, which it is due, on the date it was mailed by United States registered or certified mail to that address.  | is deemed filed with the U.S. Securities and if received at that address after the date on |
|    | Where to file: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.  |  |
|    | Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed photocopies of the manually signed. Any signed copy or bear typed or printed signatures.  | d. Any copies not manually signed must be  |
|    | Information Required: A new filing must contain all information requested. Amendments need only report the n thereto, the information requested in Part C, and any material changes form the information previously supplied need not be filed with the SEC.   | name of the issuer and offering, any changes in Parts A and B. Part E and the Appendix     |
|    | Filing Fee: There is no federal filing fee.  |  |
|    | State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities A be, or have been made. If a state requires the payment of a fee as a a precondition to the claim for the exemption, this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the must be completed.   | dministrator in each state where sales are to a fee in the proper amount shall accompany   |

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss on an available state exemption unless such exemption is predicated on the filing of

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a federal notice.

## A. BASIC IDENTIFICATION DATE Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: XBeneficial Owner Executive Officer □Promoter **XDirector** ☐General and/or Managing Partner Full Name (Last name first, if individual)Best, Reginald P. Business or Residence Address (Number and Street, City, State, Zip Code) C/o Netilla Networks Inc., 347 Elizabeth Ave., Somerset, NJ 08873 ☐General and/or Managing Partner Check Box(es) that Apply: ☐Promoter XBeneficial Owner XExecutive Officer Director Full Name (Last name first, if individual) Zhang, Siulang C. Business or Residence Address (Number and Street, City, State, Zip Code) C/o Netilla Networks, Inc., 374 Elizabeth Ave., Somerset, NJ 08873 Check Box(es) that Apply: □Promoter ☐Beneficial Owner XExecutive Officer □Director ☐General and/or Managing Partner -Full Name (Last name first, if individual) Rohrs, William R. North Albertain and the state of t Business or Residence Address (Number and Street, City, State, Zip Code) C/o Netilla Networks, inc., 374 Elizabeth Ave., Somerset, NJ 08873 ☐Beneficial Owner □Executive Officer ☐General and/or Managing Partner: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐General and/or Managing Partner Check Box(es) that Apply: □Promoter ☐Beneficial Owner DExecutive Officer Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐Beneficial Owner ☐Executive Officer □ Director ☐General and/or Managing Partner □Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐General and/or Managing Partner Check Box(es) that Apply: □Promoter ☐Beneficial Owner ☐Executive Officer Director

(Use blank sheet, or copy and use additional copies of this sheet, as necessary

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

|                   |   |                     |                             | В. 1                                  | NFORMA'                         | TION ABOU                   | UT OFFER                     | UNG            |                          |                     |  |  |
|-------------------|---|---------------------|-----------------------------|---------------------------------------|---------------------------------|-----------------------------|------------------------------|----------------|--------------------------|---------------------|--|--|
| 1. Ha             | s the issuer s  | old, or does        | the issuer int              | end to sell, t                        | o non-accred                    | lited investor              | s in this off                | ering?         |                          |                     |  | Yes No   |
|                   |   | ŕ                   |                             |                                       |                                 | lix, Column                 |                              | _              |                          |                     |  |  |
| 2 117             | hat is the min  | :                   | 41+                         |                                       | ••                              | -                           | ,                            |                |                          |                     | Fr   | actional Share                                 |
|                   | es the offerin  |                     |                             | -                                     | •                               |                             |                              |                |                          |                     |  | Vec No   |
|                   |   |                     | _                           | _                                     |                                 |                             |                              |                |                          |                     |  |  |
| remune<br>a broke | Enter the inf<br>ration for soli<br>r or dealer reg<br>red persons of | citation of painter | urchasers in<br>the SEC and | connection value of with a si         | with sales of<br>tate or states | securities in list the name | the offering<br>e of the bro | If a persor    | to be lister. If more    | d is an assoc       | iated person   | or agent of                                    |
| Full Na           | me (Last nam  | e first, if ind     | lividual)                   |                                       |                                 |                             |                              |                |                          |                     |  |  |
| Busines           | s or Residenc   | e Address (         | Number and                  | Street, City,                         | State, Zip C                    | Code)                       |                              |                |                          |                     | ···  |  |
| Name o            | f Associated  | Broker or De        | ealer                       |                                       |                                 |                             |                              |                |                          |                     |  |  |
| States in         | Which Person  | on Listed Ha        | s Solicited o               | r Intends to                          | Solicit Purch                   | nasers                      |                              |                |                          |                     |  |  |
| (Check            | "All States" o  | or check indi       | vidual States               | ;)                                    | ***************                 | •••••                       |                              | •••••          |                          |                     |  | All States                                     |
| [AL]              | [AK]  | [AZ]                | [AR]                        | [CA]                                  | [CO]                            | [CT]                        | [DE]                         | [DC]           | [FL]                     | [GA]                | [HI]   | [ID]   |
| [IL]              | [IN]  | [IA]                | [KS]                        | [KY]                                  | [LA]                            | [ME]                        | [MD                          | [MA]           | [MI]                     | [MN]                | [MS]   | [MO]   |
| [MT]              | [NE]  | [NV]                | [NH]                        | [NJ]                                  | [NM]                            | [NY]                        | [NC]                         | [ND]           | [OH]                     | [OK]                | [OR]   | [PA]   |
| [RI]              | [SC]  | [SD]                | [TN]                        | [TX]                                  | [UT]                            | [VT]                        | [VA]                         | [WA]           | ···[wv]                  | [WI]                | [WY]   | [PR]   |
| Full Na           | me (Last nam  |                     |                             |                                       |                                 |                             |                              |                |                          |                     | Same and the same  |  |
|                   |   |                     | ati kaji                    |                                       |                                 |                             |                              | , g            |                          |                     |  |  |
| Busines           | s or Residenc   |                     | Number and                  |                                       | State, Zip C                    |                             |                              |                | g digir sayatalifiya dil | i da musik es<br>Li | The state of the s | ikatus mirajahi<br>Januar <del>mi</del> rajahi |
| Name o            | f Associated  | Broker or De        | ealer                       |                                       |                                 |                             |                              |                |                          | and the second      | alandrike.   | · · ·  |
| States in         | Which Perso   | on Listed Ha        | s Solicited o               | r Intends to                          | Solicit Purch                   | asers                       |                              |                |                          |                     | :  | · · · · · · · · · · · · · · · · · · ·          |
|                   |   |                     |                             |                                       |                                 |                             |                              |                |                          |                     |  | □ All States                                   |
| [AL]              | [AK]  | [AZ]                | [AR]                        | [CA]                                  | [CO]                            | [CT]                        | [DE]                         | [DC]           | [FL]                     | [GA]                | [HI]   | [ID]   |
| [IL]              | [IN]  | [IA]                | [KS]                        | [KY]                                  | [LA]                            | [ME]                        | [MD]                         | [MA]           | [MI]                     | [MN]                | [MS]   | [MO]   |
| [MT]              | [NE]  | [NV]                | [NH]                        | [1/1]                                 | [NM]                            | [NY]                        | [NC]                         | [ND]           | [OH]                     | [OK]                | [OR]   | [PA]   |
| [RI]              | [SC]  | [SD]                | [TN]                        | [TX]                                  | [UT]                            | [TV]                        | [VA]                         | [WA]           | [WV]                     | [WI]                | [WY]   | [PR]   |
| Full Na           | me (Last nam  | e first, if ind     | ividual)                    | · · · · · · · · · · · · · · · · · · · |                                 |                             |                              |                |                          |                     |  | <u> </u>                                       |
| Busines           | s or Residenc   | e Address (         | Number and                  | Street, City,                         | State, Zip C                    | Code)                       |                              |                | <del></del>              |                     |  |  |
| Name o            | f Associated  | Broker or De        | aler                        |                                       |                                 | <del></del>                 |                              |                |                          |                     |  |  |
|                   |   |                     |                             |                                       |                                 |                             |                              | ··             |                          |                     |  |  |
|                   | Which Perso   |                     |                             |                                       |                                 |                             |                              |                |                          |                     |  |  |
| •                 | "All States" o  |                     |                             | •                                     |                                 |                             |                              |                |                          |                     |  | All States                                     |
| [AL]              | [AK]  | [AZ]                | [AR]                        | [CA]                                  | [CO]                            | [CT]                        | [DE]                         | [DC]           | [FL]                     | [GA]                | [HI]   | [ID]   |
|                   | [IN]  | [IA]                | [KS]                        | [KY]                                  | [LA]                            | [ME]                        | [MD]                         | [MA]           | [MI]                     | [MN]                | [MS]   | [MO]   |
| [MT]              | [NE]  | [NV]                | [NH]                        | [[1]]                                 | [NM]                            | [NY]                        | [NC]                         | [ND]           | [OH]                     | [OK]                | [OR]   | [PA]   |
| [RI]              | [SC]  | [SD]                | [TN]                        | [TX]                                  | [UT]                            | [TV]                        | [VA]                         | [WA]           | [WV]                     | [WI]                | [WY]   | [PR]   |
|                   |   |                     | (Use bla                    | nk sheet, or                          | copy and use                    | additional c                | opies of this                | s sheet, as ne | cessary.)                |                     |  |  |

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| 1.  | sold. Enter "O" if  | e offering price of securities included in this offering and the total amount already answer is "none" or "zero." If the transaction is an exchange offering, check this te in the columns below the amounts of the securities offered for exchange and  | 5                           |                                       |
|-----|---------------------|--|-----------------------------|---------------------------------------|
|     | Type of             | Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                |
|     | Debt                |  | \$                          | \$                                    |
|     | Equity              |  | \$                          | \$                                    |
|     |                     | □ Common □ Preferred   |                             |                                       |
|     | Converti            | ble Securities (including warrants)  | \$                          | \$                                    |
|     | Partnersh           | nip Interests  | \$                          | \$                                    |
|     | Other (Sp           | pecify Convertible Debentures)   | \$3,000,000                 | \$3,000,000                           |
|     |                     | Total  | \$3,000,000                 | \$3,000,000                           |
|     |                     | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                                       |
| 2.  | offering and the ag | of accredited and no-accredited investors who have purchased securities in this gregate dollar amounts of this purchases. For offerings under Rule 504, indicate roons who have purchased securities and the aggregate dollar amount of their tal lines. Enter "0 if answer is "none" or "zero."                   |                             |                                       |
| e e |                     | en de la companya de<br>La companya de la co   | Number<br>Investors         | Aggregate Dollar Amount of Purchasers |
|     | Accredite           | ed Investors   | 6                           | \$3,000,000                           |
|     | Non-accr            | edited Investors   |                             | roman s <u>ocial come and a</u>       |
| v.* | gas fair            | Total (for filings under Rule 504 only)  |                             | T. A. ALVINGEN                        |
|     |                     | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 3, if filing under ULOE.  | * 6'                        | Administration in                     |
| 3.  | sold by the issuer  | on offering under Rule 504 or 505, enter the information requested for all securities to date, in offerings of the types indicated, in the twelve (12) months prior to the es in this offering. Classify securities by type listed in Part C - Question 1.   |                             | *. <u>*</u> **. **.                   |
|     | Type of (           |  | Type of<br>Security         | Dollar Amount<br>Sold                 |
|     |                     |  |                             | \$                                    |
|     |                     | on A   |                             | \$                                    |
|     | 00 Rule 504         |  |                             | \$                                    |
|     |                     | Total  |                             | \$                                    |
| 4.  | in this offering    | ent of all expenses in connection with the issuance and distribution of the securities<br>Exclude amounts relating solely to organization expenses of the issuer. The<br>given as subject to future contingencies. If the amount of an expenditure is not<br>timate and check the box to the left of the estimate. |                             |                                       |
|     | Transfer .          | Agent's Fees   |                             | 🗆 s                                   |
|     | Printing a          | and Engraving Costs  |                             | <b>E</b> \$5,000                      |
|     | Legal Fee           | 28   |                             | 🗷 \$5,000                             |
|     | Accounti            | ng Fees  |                             | 🗷 \$5,000                             |
|     | Engineeri           | ing Fees   |                             | 🗆 s                                   |
|     | Sales Cor           | mmissions (specify finders' fees separately)   | ,,                          | D \$                                  |
|     | Other Exp           | penses (identify)  | ••••••••                    | D \$                                  |
|     |                     | Total  |                             | 🗷 \$15,000                            |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|                              | C. OFFERING PRIC   | ce, number of investors, expense   | s and use of pro                        | CEEDS   |                       |
|------------------------------|--|--|---|---|-----------------------|
|                              | b. Enter the difference between the agg<br>Part C - Question 4.1. This difference is   | regate offering price given in response to Part<br>the "adjusted gross proceeds to the issuer."  | C - Question I and to                   | tal expenses fun                                      | pished in response to |
| <b>5</b> .                   | Indicate below the amount of the adjuste<br>for any purpose is not known, furnish a<br>adjusted gross proceeds to the issuer set I       | file purposes shown. If the stroum   |   |   |                       |
|                              |  |  |   | Payments to<br>Officers,<br>Directors &<br>Affiliates | Payments<br>To Others |
|                              | Salaries and fees  |  |   | 🗆 \$  | _ 🗅 \$                |
|                              | Purchase of real estate  | 61).1864.61.61.61.61.61.61.61.61.61.61.61.61.61.   | *****                                   | 🗆 \$  | D·\$                  |
|                              | Punthase, rental or leasing and installation   | n of machinery and equipment   |   | 🗆 🕏   | _ D s                 |
|                              | Construction or leasing of plant buildings   | and facilities   |   | 🗆 S   | _ C \$                |
|                              | Acquisition of other businesses (including that may be used in exchange for the associance)  | g the value of securities involved in this offerin<br>its or securities of another issuer pursuant to a n                                    | g<br>nergor)                            | 🗆 5   | _ C \$                |
|                              | Repayment of indebtedness  |  |   | 🗆 §   | _ c s                 |
|                              | Working capital  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 🗆 \$  | \$ \$ 985,00          |
|                              | Other (specify)  |  | ئى سىدىن ھىرىنى <u>ت</u>                |   | Ω \$                  |
|                              |  |  |   |   |                       |
|                              |  |  | _ 4444444444444444444444444444444444444 | ., 🗅 \$   | a s                   |
| i sant<br>Fil                | Column Totals  | ed)  |   | ., 🗅 Ş <u>aranını</u>                                 | As 2, 985             |
| · .                          | Total Payments Listed (column totals add   |  |   | <b>71</b>   | 2985,000              |
|                              | r fan e  | •  | San Salt Control                        |   | <del>7</del>          |
|                              |  | D. FEDERAL SIGNATURE   |   |   |                       |
|                              |  |  |   |   |                       |
| nuspag<br>ensiteta<br>nuspag | r has duly caused this notice to be signed in<br>an undertaking by the issuer to furnish<br>by the issuer to any non-accredited investor | by the undersigned duly authorized person. If<br>is to the U.S. Securities and Exchange Comm<br>or pursuant to paragraph (b)(2) of Rule 502. | nission, upon written                   | er Rule 363, the<br>request of its su                 | aff, the information  |
| lssucr (f<br>Netitla l       | rint or Type)<br>Networks Inc.   | Significant P. Bush  | Date 10/4/                              | w   |                       |
| Niver Ave                    | Signer (Print or Type)Reginald P. Bost   | Title of Signer (Print or Type)  | 0/1                                     |   |                       |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (Sec 18 U.S.C. 1001).

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| 4-1   | 3.   | E. STATE SIGNATURE  |           |  |  |  |
|---|--|---|-----------|--|--|--|
| 1.  |  | in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification of     | les No    |  |  |  |
|   | s  | see Appendix, Column 5, for state response  |           |  |  |  |
| 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this on Form D (17 CFR 239.500) at such times as required by state law. |  |   |           |  |  |  |
| 3.  | The uncersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnish the issuer to officees.   |   |           |  |  |  |
| 4.  | The undersigned issuer represents, that the issuer is familiar with the conditions that must be satisfied to be enti-<br>Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issue<br>the availability of this exemption has the burden of establishing that these conditions have been satisfied. |   |           |  |  |  |
| The issuer has read this nouf authorized person.  | ication and knows the  | contents to be true and has duly caused this notice to be signed on its behalf by the undersi | gned duly |  |  |  |
|   |  |   |           |  |  |  |
| Issuer (Print or Type)Netilla Networks Inc.   |  | Signature algunald . But Dute 10/4/w  |           |  |  |  |
| Name of Signer (Print or Ty   | pe)Reginald P. Best  | Title of Signer (Print or Type) REGINALO P. DEST  |           |  |  |  |
|   |  |   |           |  |  |  |

instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies no manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.